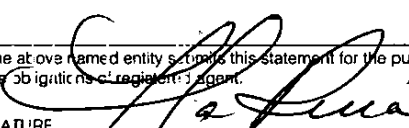
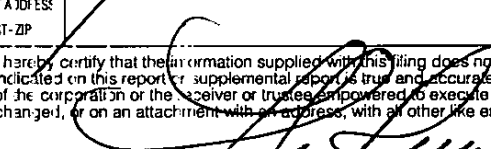


FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90278 033 ***150.00

2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P96000028742			
1. Entity Name ALADDIN BONDED CARRIERS, INC.			
Principal Place of Business 3076 NORTHWEST 18TH TERRACE MIAMI, FL 33125		Mailing Address 3076 NORTHWEST 18TH TERRACE MIAMI, FL 33125	
2. Principal Place of Business 17072 SW 213 LANE Suite, Apt. #, etc. MIAMI City & State FLORIDA Zip 33187 Country USA		3. Mailing Address 17072 SW 213 LANE Suite, Apt. #, etc. MIAMI City & State FLORIDA Zip 33187 Country USA	
04132005 Chg-P CR2E034 (10/03)			
4. FEI Number 65-0655977		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity certifies this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  FLAVIA MARRERO PENALVER 4/15/05 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11, if changed, or on an attachment with an address, with all other life empowered.			
SIGNATURE:  FLAVIA MARRERO PENALVER 4/15/05		Date 305-389-5055	